

**U.S. Department of Justice
United States Marshals Service**

PROCESS RECEIPT AND RETURN

*See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.*

PLAINTIFF		COURT CASE NUMBER
Felisetas Parker		08 C 3142
DEFENDANT		TYPE OF PROCESS
Social Security Administration		WAIVER
SERVE		NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
		Michael Mukasey, Attorney General, Department of Justice
		ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
AT	950 Pennsylvania Avenue, NW	Washington, DC 20530-0001

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285
Felisetas Parker 16 W. 540 Lake Drive - #9-208 Willowbrook, IL 60527		1
		Number of parties to be served in this case
		3
		Check for service on U.S.A.
		X

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

J.N. FILED
SEP 12 2008
MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT
08-07-08

Signature of Attorney or other Originator requesting service on behalf of:		□ PLAINTIFF	TELEPHONE NUMBER	DATE
		□ DEFENDANT		08-07-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only first USM 285 if more than one USM 285 is submitted)</i>	Total Process 283	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk	RJ	Date 08-07-08
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above) <i>Received Receipt of Certified mail delivery (green card)</i>	Date of Service 8/7/08	Time am pm
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>	

Service Fee <i>[Signature]</i>	Total Mileage Charges (including endevors) 0	Forwarding Fee <i>[Signature]</i>	Total Charges 0	Advance Deposits <i>[Signature]</i>	Amount owed to U.S. Marshal or 0	Amount of Refund 0
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REMARKS:

Mailed Waiver with S/C on August 6, 2008.
Certified Mail Number: 7007 0710 0000 9548 4923

Mailed By LWD

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Attorney General, Michael
Mukasey**
Department of Justice
950 Pennsylvania Avenue, NW
Washington, D.C. 20530-0001

CASE: 08 C 31422. Article Number
(Transfer from service label)

7007 0710 0000 9548 4523

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

A. Signature X <i>[Signature]</i>		<input type="checkbox"/> Agent <input type="checkbox"/> Addressee
B. Received by (Printed Name) AUG 13 2008		C. Date of Delivery
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No		
FILED <i>JN Sep X010008 SEF K 2 2008</i>		
3. Service Type <input checked="" type="checkbox"/> Priority Mail/ACM Express Mail <input type="checkbox"/> Registered U.S. Mail <input type="checkbox"/> Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> COUNT		
4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes		

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

* Sender: Please print your name, address, and ZIP+4 in this box *

**United States Marshals Service
Northern District of Illinois
219 South Dearborn Street - Room 2444
Chicago, IL 60604**

ATTN: Civil Division**CASE: 08 C 3142**